Between a rock and a hard place

How parents deal with children who use substances and perpetrate abuse

Project report

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Acknowledgements

This report has been written by Adfam and Against Violence and Abuse (AVA) and covers the processes and findings of a joint project carried out by the two organisations in 2011/12.

The project would not have been possible without the kind cooperation of 88 parents who agreed to take part. This report reflects their collective experiences, makes suggestions for improvements in services and will be used as the basis for future training and resource development by Adfam and AVA. Given the inevitable sensitivity of the topics covered in the focus groups the sessions were at times demanding and all attendees were courageous and forthright in sharing their experiences. Thank you.

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Foreword

The family should be a place of love and safety for all family members. This is not the reality for a significant number of adults and children whose safety is violated by abuse and violence within the home. National policy in the UK has taken giant strides in recent years to recognise and begin to address the devastating effects of domestic violence on the lives of those who suffer it. Conceptually, however, domestic violence responses remain focussed on violence and abuse perpetrated by adults to other adults or children.

Children's violence and abuse to parents is poorly recognised and caught within a grey area of understanding. As with adult perpetrators, children can be both loving and charming one minute and violent and abusive the next. Satisfactory explanations for this change in behaviour have yet to be found. When the child also uses alcohol and other drugs, the picture becomes even more complex. Grasping the thorny nettle of how we can explain such behaviour is vital in leading an appropriate, evidence-based response.

Yet this search for understanding cannot, and should not, be our only focus. What this important project by Adfam and AVA reveals is that every day parents (usually mums) are living with violence and abuse from their child (usually sons). Whether the child is 11 or 40 years old, such violence and abuse can result in severe emotional and mental distress, financial hardship, physical health problems and injuries, or worse.

These parents need our care and support. Within the substance use sector, family support services, such as those which participated in this project, need to be encouraged. Government strategy recognises the vital role families and communities play in helping people to change their substance using behaviours. But families need support to do that. Family support groups can offer a lifeline to parents, as this project shows, but they need to be equipped to offer the right advice and information.

The findings of this project emerge within a political context of increased local commissioning and public service cuts. Family support services are a cost effective resource given the potential savings to health and social care from parents who otherwise may seek help elsewhere. They also require relatively limited resources to ensure their continued existence.

Whichever service parents approach first, be it domestic violence, substance use or health and social care, professionals must take seriously their experiences of violence and abuse. Living in fear of their own child must be every parent's nightmare. It violates the parent-child bond and raises endless questions of self-blame and self-doubt. Listening to these parents and providing support services will improve their safety and well-being. However it will also enable policy and practice to respond better to the needs of both parent and child.

This important report allows us an insight into the lives of parents living with violence and abuse from their children, their attempts to cope, and their experiences of services they've turned to for help. What is clear is that we need to do better.

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Executive summary

Background

1. Previous research commissioned by Adfam and AVA found that the problem of child to parent violence (CPV) was under recognised and under supported by services. It found that many groups which offered support for families affected by drugs and alcohol came into contact with parents who reported high levels of violence from their drug or alcohol using children which in many ways was similar to what is widely considered domestic violence under the definition of intimate partner violence (IPV).

2. The purpose of this stage of the project, therefore, was to consult parents affected by CPV, find out what their experiences of seeking support had been, identify areas of deficiency in support and make corresponding recommendations to address them and build relationships between the family, domestic violence and drug and alcohol sectors.

3. This stage of the project consisted of facilitating nine focus groups throughout England with 88 parents affected by CPV. In these focus groups parents were consulted on to their experiences of CPV – what form it took, when they first realised what was happening, which services they turned to first, and which services were the best in providing support. The focus groups were conducted in a safe and confidential manner by an experienced facilitator, with Adfam and AVA providing a confidentiality protocol and a consent form for parents taking part. The second stage of the project will provide training for family support groups and a series of briefings on CPV.

4. The focus groups were organised with the help of family support groups throughout England – organisations often run by parents–turned-practitioners who have used their personal experiences of having a drug or alcohol user in the family to provide support for other parents and family members.

Findings

Parents/carers and children

5. A varied demographic of parents affected by CPV attended the focus groups. However, there were some evident trends, with a strong bias towards women in the sample, with 88% being female and 12% male. Of those parents who chose to give information on ethnicity 95% identified as White (British, English, Irish and Other).

6. Although some daughters were abusive towards their parents the majority of children who perpetrated the violence were sons, who ranged from 11 years old to men in their late 40s. Many of the sons were described mainly, or at least partly, in loving terms, and as funny, intelligent, clever and entertaining, but with poor attention spans and a lack of success in school. Many parents felt that there had been a trigger event of some sort for the children, usually around the age of 13 or 14 which set them on a path of drug or alcohol use and subsequent parental abuse.

7. The types of CPV reported by parents included: emotional abuse, financial exploitation, death threats, serious physical assaults with weapons, destruction of property in the home and social isolation caused by emotional manipulation.

8. In response to abusive behaviour parents reported feelings similar to the victims of IPV. Repeated exposure resulted in long-term worry, fear, lack of sleep, and profound emotional distress for all parents, serious financial worries, prolonged involvement with the criminal justice system and admissions to hospital with CPV-related injuries for some.

9. Many parents felt guilty, or that they had failed in the parenting role, and that the behaviour of their children was at least partly their fault. Some of the mothers identified past domestic violence that had taken place in the family – either IPV they had suffered at the hands of their child's father or male partner and/or violence towards the children from the same perpetrator.

10. Having a child who both used substances and perpetrates CPV was incredibly hard for parents – many spoke of the double stigma they faced in society from these two co-existing factors. Parents were often scared of admitting what they were experiencing to professionals, but also to their own neighbours, families and friends. Many parents reported dismissive and judgmental responses from professionals, friends and members of the community.

11. Knowing what to call CPV and how to conceptualise it was very problematic for parents. Most saw it as an extension of their child's substance use – with the corresponding assumption made that if treatment was found for the substance use, it would resolve the problem of CPV. Because of this, very few parents considered what they were experiencing domestic violence, and the thought of accessing dedicated domestic violence services only crossed the mind of a small handful.

Services

12. Parents typically turned to their friends, social services, the police and GPs for help. The feedback on the support provided was extremely varied. Some parents spoke of the police in glowing terms and others felt unfairly judged or dismissed – a mix of responses that was also true of GP and other services responses.

13. Support groups that exist for families of alcohol or drug users, run on a mutual support model and often started by the parent of a substance user, were routinely reported as effective and highly valued by parents – a safe area for them to share experiences and problems without worrying about the stigma and prejudice that hampered their attempts to find support outside the groups. The feeling of security provided by family support groups, as well as the expertise of the leaders of the groups and more experienced members, also contributed to the family support group's status as 'godsends', 'lifelines' and oases of calm and sanity for parents.

14. Barriers to accessing services were identified as: stigma and shame; lack of awareness of existing support (notably family support groups); parents not seeing themselves as legitimate recipients of support; lack of knowledge on drugs, alcohol and their effects; an 'it'll never happen to us' mind-set; and a lack of consensus on the best course of action within couples.

15. A general feeling of not knowing where to turn and of being failed by services was reported by families. This wasn't necessarily directed at a particular service, but was a reflection on years of being passed between services and the feeling that the help and dialogue that should have been offered did not. Many parents did not feel listened to by services, describing agencies as only interested in talking to them at certain points, or when it suited them.

Conclusions and recommendations

16. There are parents who are affected by violence and abuse from their substance using children, often to a severe degree, who feel they have little or no recourse to help from services.

17. The policy and service frameworks that exist are failing to meet the needs of parents experiencing CPV. CPV does not currently fit neatly into any governmental policy nor into the strategic vision of service provision for victims of domestic violence. This is partly due to the current governmental definition of domestic violence which explicitly defines it as occurring between only those aged 18 or over. This clearly does not capture the experiences of all the parents in this project, many of whom were affected by CPV perpetrated by children aged under 18.

18. Increased recognition of CPV (and an accompanying modification of the governmental definition) should be implemented to bring about a sustained improvement in the support offered to parents. Part of this recognition is dependent on bridging the gap and increasing dialogue between the family, substance use and domestic violence sectors over where the issue sits and what each sector can contribute.

19. With family support groups clearly recognised by parents as the most effective method of help for families suffering CPV efforts must be made to support them, increase their capacity to screen for CPV and offer appropriate sign-posting to domestic violence services and others. For groups to offer sustained support to parents they need to be properly resourced. They are often small, and run by passionate people who are experts of their own experience, but operate on small budgets. Large or complex tendering processes can be very demanding in terms of time, and efforts should be made to make these processes accessible and open to all providers, including small voluntary and community sector services.

20. There is a lack of perpetrator programmes for those aged under 21 years old. The current conceptual framework around domestic violence and perpetrator programmes assumes the perpetrator has a level of experience in adult relationships. Clearly many perpetrators of CPV have very different characteristics and therefore need a different type of programme to work on addressing the violence they perpetrate.

Setting the scene

Introduction

This project has been conducted jointly by Adfam and AVA and funded by the Department of Health.

Adfam is the national umbrella organisation working to improve the quality of life for families affected by drug and alcohol use. It works with local and national partners to develop policy and manage projects. As the representative voice of families and family support, Adfam provides best practice guidance on drug and alcohol related family work. It continues to raise awareness of the needs of families affected by drugs and alcohol and works to inform and influence Government policy, the media, and national, regional and local services.

Adfam's mission is that every family member affected by drugs and alcohol should be able to access the help and support that they need and deserve.

AVA (Against Violence and Abuse) was formed in April 2010 but had formerly operated as the Greater London Domestic Violence Project (GLDVP) since 1997. It is a national second tier service working to end all forms of violence against women and girls. The key aims of AVA are:

- To challenge, enable, encourage and support all agencies and communities to contribute to achieving our vision of a world free from violence against women and girls.
- To offer a range of high quality and expert services to facilitate specialist and generic agencies to contribute towards our vision.
- To identify and fill gaps in the field, find innovative solutions to current and emerging situations, and inspire an effective strategic approach to reducing and preventing violence against women and girls.

The Stella Project is AVA's project specifically focussed on facilitating improvement in the way services are delivered to those affected by both substance use and domestic and sexual violence. It originally started as a partnership between the GLDVP and the Greater London Alcohol and Drug Alliance (GLADA) in 2003 and was incorporated into AVA when it was formed in 2010.

Previous research[1] by the University of Bedfordshire, jointly commissioned by Adfam and AVA (2010) interviewed providers of local support groups for family members. These family support practitioners highlighted the prevalence of violence perpetrated by substance using children against their parents. Crippled by this unique double stigma (both having a child misusing drugs or alcohol and being a victim of their violence), parents were often overwhelmed by stress, doubt, shame and uncertainty and did not know where to turn. For a victim of domestic violence to have their own child perpetrating abuse presented a particularly complex set of emotional and practical challenges. This typically led to high levels of delay before seeking external help (see appendix E for an extract of the research).

Abuse identified in the research ranged in nature from emotional and financial (e.g. asking for money for drugs and/or turning aggressive when refused) to fatal acts of physical violence. In 2008-09 the Metropolitan Police found in its review of domestic violence homicides that all five female non-partner/ex-partner victims were mothers murdered by sons, and that one of the two male victims was a father murdered by a son. The six perpetrators were described as 'either suffering from mental health problems or under the influence of alcohol and/or controlled drugs'.[2]

Typically parents affected by this issue sought support within the context of their child's substance use rather than for their own experiences of violence, characterising the violence as something contingent on the drug or alcohol use which would disappear once the substance user found effective treatment. This means that domestic violence agencies are not seeing the scale of the problem reflected amongst their clients. Drug agencies which engage with family members see slightly more but still do not have the complete picture.

However, some parents are engaging with family support groups around the country. Many of these groups began as community self-help projects – with groups of parents, often mothers, coming together to offer mutual support. The effectiveness of such self-help or mutual aid projects has been reported to Adfam by many parents across many projects.

1 Galvani, S., 2010, Supporting families affected by substance use and domestic violence [online], The Tilda Goldberg Centre for Social Work and Social Care: University of Bedfordshire. Available from: http://www.adfam.org.uk/docs/adfam_dvreport.pdf.

2 Figures viewable at http://www.met.police.uk/foi/pdfs/priorities_and_how_we_are_doing/corporate/mps_annual_report_2008-09.pdf

Definitions

Galvani's research identified that some support service providers lacked confidence in working with parental victims of substance use-related violence from their children. One recommendation was to develop resources and training for practitioners and services, as well as for those responsible for commissioning these services and working with them strategically within local authorities. This project will meet this recommendation.

This current project has set out to deepen the knowledge available in this area, using focus groups with affected parents to collect data. Throughout the project the parents were and are considered the real experts in the situation, with years, or decades, of resilience, ingenuity and coping strategies to match the harrowing stress, worry and abuse they have endured.

The Government's current definition[3] of domestic violence is: *'Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality.'*

However, defining domestic violence has always been problematic and the above definition is insufficiently complex to understand it in its entirety. Whatever form it takes, domestic violence is rarely a one-off incident, and should instead be seen as a pattern of abusive and controlling behaviour through which the abuser seeks power over their victim.

The definition above, with its use of 'adults' (defined as people over 18) excludes any abuse perpetrated by the under 18s, whether against other under 18s (as may occur in relationships between two teenagers) or against those over 18, as might occur with child to parent violence (CPV). CPV is not commonly included in the public, or even professional, perception of domestic violence.

Throughout this report the acronym CPV is used to describe domestic abuse perpetrated by children against their parents. These children may be under *or* over 18. This report also uses the terms 'domestic violence' and 'domestic abuse' interchangeably - violence is used in a wider sense to include non-physical forms of violence.

Intimate partner violence (IPV) is also referred to. This is domestic abuse between adult partners or ex-partners but does not include violence between family members. It has many similarities, and some differences, to CPV and is used as a useful point of comparison.

Problematic substance use is defined as: *'The use of substances (such as illegal drugs, prescription medicines or alcohol) in such a way that result in harm to the individual user or to the wider community. The range of harms includes problems for physical health, psychological health, violence, financial problems, family problems or social problems*[4]*.'* The term 'substances' is therefore used throughout

3 The Government definition is currently undergoing a review process. It is widely anticipated that the age limit will drop. The current definition given is contained in the consultation document available at: Home Office, 2011, Cross-governmental definition of domestic violence: a consultation [online], Home Office: London. Available from: http://www.homeoffice.gov.uk/publications/about-us/consultations/definition-domestic-violence/dv-definition-consultation?view=Binary.

4 The Stella Project, 2007, Domestic Violence, drugs and alcohol – good practice guidelines

to refer to both drugs and alcohol.

The family support groups referred to in this project are the mutual support groups that exist around the UK for families affected by substance use and some of whose members were interviewed for this project. Galvani offers a useful definition of family support groups in her research: of the people who run the groups she writes *'this is a unique group of people as they have dual roles, both as family members of someone who has, or had, a substance use problem, as well as providers of support services to other family members.*[5]' This dual role is the key for the family support groups – they are typically small, and usually set up by parents who have not found the support they need elsewhere to help them deal with their experiences. As Galvani writes, '*most began by offering informal, voluntary services, eg. a mum's group, and some had progressed to establish, or become part of, more formally established support providers that include both paid and voluntary staff'.* Some support groups end up being commissioned by their local authority to provide family support in the area.

Although they are most commonly initiated by family members some family support groups have been started by professionals, for instance a family worker within a treatment agency, or a member of the Drug and Alcohol Action Team (DAAT), or carers' leads with a responsibility for substance use. In the Manchester focus group for this project the group was brought together by an employee of the local authority who works in drug and alcohol services.

For this reason the term used by Galvani 'Family Member Support Providers' has not been used on this occasion; the broader term 'family support groups' employed instead. Despite this, all the family support groups consulted in this project are from the 'by families, for families' mould even if they had an external facilitator who enabled them to all come together.

These groups are supported by Adfam through the creation of resources and sharing good practice, and play an invaluable role in helping families by enabling them to come together in a safe environment, share experiences and find support and coping strategies.

5 Galvani, S., 2010, Supporting families affected by substance use and domestic violence [online], The Tilda Goldberg Centre for Social Work and Social Care: University of Bedfordshire. Available from: http://www.adfam.org.uk/docs/adfam_dvreport.pdf.

Whilst most research on domestic violence is focussed on IPV there has been some which has considered other variations, including CPV. Most of it is not specifically focused on substance using children, with mention made of drugs or alcohol as one of a number of contributing factors. Much of this material is from Australia or the USA rather than the UK. However, despite this lack of specific focus on substance use, some of the findings of the research provide insights into the lives of the parents interviewed, with many experiences chiming in similarity.

Howard notes that as with IPV, CPV has '*many interconnected determinants... these include individual and relationship factors, as well as societal, cultural and community expectations and attitudes*'[6].

She isolates a number of interesting factors that characterise CPV – first that when perpetrated by male adolescent children against mothers, the adolescents generally hold negative views of women, just as adult male perpetrators do.

Second, that violence from male children often occurs in families where violence is, or has also been, perpetrated against the mother by the father or adult male partner. Despite this link Howard notes the '*paucity of long-term research which 'proves' the intergenerational relationship between a male child's experience of family violence, violence against their mother and violence against an intimate partner in adult life*'[7].

Much wider research has been conducted on the intergenerational transmission of domestic violence and how boys who are exposed to violence at home between their parents may go on to perpetrate it against their own female partners when they become adolescents or adults. The cycle of abuse theory has been criticised[8] for being an overly simplistic view and attempting to reduce complex social realities to simplistic behavioural and individualistic models. Some empirical research shows a small correlation between childhood abuse and the potential for the child to become a future victim or perpetrator, but these findings are in the minority and there is no evidence that this is definite causal relationship.

6 Howard, J., 2010, Preventing family violence, Domestic Violence Resource Centre Victoria Quarterly

7 Ibid

8 Kelly, L.,1996, Weasel Words: Paedophiles and the Cycle of Abuse, Trouble and Strife: Norfolk

What we know from research

Committing acts of violence remains a decision, a purposeful action that perpetrators take. Negative (and positive) influences in our lives may make us all more likely to behave in a certain way, but they don't compel us to. Moreover, most boys exposed to domestic violence do not grow up to be adult perpetrators. Indeed many boys choose as adults to take a strong stand against violence.

Adolescent violence to parents is shrouded in shame, with the parent (usually the mother) ashamed to think that their own child is assaulting them. As a result, incidences of CPV chronically underreported.

Lastly, Howard notes that adolescent CPV is more frequently committed by males who comprise 74% of people aged 12-24 who perpetrated violence against parents[9].

In 2010 Helen Bonnick, a social worker, conducted a small and informal project looking at the support available for victims of CPV. It was published in the newsletter of Respect[10] and noted that an apparent rise in this form of violence was unfortunately '*not matched by a rise in the quality of support offered*'.

'The notion that parents, apparently in a position of power within the family, might be subject to levels of abuse from their children, akin to domestic violence from a partner, is one which many people find hard to grasp[11]'.

This neatly identifies two relevant points – first the intuitive surprise many seem to feel that abuse in the home could go 'the other way' with parents as victims and second a notional or semantic reluctance to categorise such acts as domestic violence – instead being described as '*akin*' to it. Like Howard, Bonnick identifies the reluctance parents may display when seeking help or disclosing their experiences of abuse to services. Again like Howard she also identifies previous exposure to domestic violence as a significant factor for mothers who experience CPV.

Other key issues identified by Bonnick include:

- A quickness amongst professionals to suggest improving boundaries and other elements of parenting strategy as the best remedy for CPV, rather than accepting the violance as a genuine manifestation of domestic violence which the perpetrator should address through changed behaviour. '*When they do eventually come forward for help they may be rebuffed or misunderstood in a policy and practice environment which conceives of parents as feckless and children as victims.[12]*' Gallagher also makes a similar point - *'children's behaviour is generally seen as being* directly caused *by the parenting they have received, hence parents are seen as responsible[13]'.*

- A sense amongst parents '*of being passed from agency to agency, of being disbelieved, of having to wait months and months for a service*'[14]

- Parents often turning to a trusted friend or the internet for support rather than professionals. This claim was confirmed by many of the parents who took part in this study.

Routt and Anderson identify many of these factors, as well as several others, in *Adolescent Aggression – Adolescent violence towards parents[15].* Like Howard and Bonnick they note both the shame parents feel and their reluctance in asking for help. They also highlight the high proportion of mothers who have experienced domestic violence from adult male partners and adolescent male children. They note that:

- *'Adolescents who use violence against their parents have often been physically or sexually abused or have been exposed to intimate partner violence[16]'*

9 This figure is from Australia, Victoria Council Against Violence 2006

10 Bonnick, H., 2010, Searching for help for Parent Abuse: The usefulness of the internet as resource for parents [online], Respect newsletter: unknown. Available from: http://helenbonnick.files.wordpress.com/2011/11/respect-newsletter.pdf.

11 Ibid

12 Bonnick, H., 2006, Access to help for parents feeling victimised or experiencing abuse at the hands of their teenage children [online]. Available from: http://helenbonnick.files.wordpress.com/2011/05/maabstract.pdf

13 Ambert, 1992 cited by Gallagher, E., 2004, Youth Who Victimise Their Parents, *ANZJFT,* 25(2), pp. 94-105.

14 Bonnick, H., 2010, Searching for help for Parent Abuse: The usefulness of the internet as resource for parents [online], Respect newsletter: unknown. Available from: http://helenbonnick.files.wordpress.com/2011/11/respect-newsletter.pdf.

15 Anderson, L., Routt, G., 2011, Adolescent Violence towards Parents, *Journal of Aggression, Maltreatment and Trauma,* 20(1), pp. 1-19.

16 Ibid, citing others

- Parents, specifically mothers, of violent children wish to continue carrying out their parenting duties despite the abuse and rarely lose contact. Even if they did wish to somehow cut off their children, they have no legal recourse (unlike women affected by IPV).

- *'The effect of fear on parenting creates the impression of a 'permissive parent' to the outsider'*[17] – services may look at the relationship and see a lax parent who permits her child to behave outrageously when really they should see a mother who's so worn down and stressed by repeated exposure to abuse she puts up with it in order to preserve a semblance of peace. CPV occurs disproportionality in single parent families, often because parenting energies are eroded by the lack of partner to share the burden, as well as circumstantial factors such as poverty, moving home, children changing schools, losing social stability and friends.

The research of the Australian Domestic and Family Violence Clearinghouse 'Adolescent Violence Towards Parents'[18] contains some interesting findings on CPV, especially in relation to gender. It suggests that although the violence itself is gendered in the sense that '*boys are more likely to be physically abusive and girls more likely to be emotionally abusive towards their parents'*[19], '*there was no significant gender difference in the* numbers *of perpetrators of adolescent violence against parents*'[20]. This is in contrast to the findings in other research on CPV.

The main piece of research to focus on CPV when children use substances is Galvani's research 'Supporting families affected by substance use and domestic violence' (2010). This research was commissioned by Adfam and AVA and uncovered the issue of CPV when the providers of support for families affected by substance use were interviewed primarily about possible experiences of IPV.

'While they [family support services] *acknowledged that domestic abuse happened between partners, their experience in delivering family member support services was that the abuse was far more likely to be directed at a parent by a substance using adolescent or adult child.*[21]*'*

Like previous research the report suggested that, like victims of IPV, those who experience CPV often suffer a great deal before seeking support. Galvani suggests that, due to feelings of failure in the parenting role, and the shame and stigma of having an abusive child, parents may '*have an even higher tolerance level of bad behaviour with their children*[22] than victims of IPV. Practitioners in family support groups said:

'They would rather put up with what's happening. Especially when it's the emotional abuse or the financial abuse, they are resigned to it.'[23]

'Sometimes they just take it that that's what's happening, and they don't actually understand that it's not acceptable behaviour for them, or their children, or their loved ones to see them in this position.'[24]

As part of this suffering of abuse, parents were generally reluctant to disclose incidents to professionals, including the family support groups they were in touch with for on-going support around their family member's drug or alcohol use. The research identified four factors for this reluctance: shame, guilt, fear and the lack of a sufficiently trusting relationship with the service. A practitioner in a family support group said:

'It's the same as with having a drug or alcohol user in the family. It's that stigma. And then there's the double stigma of admitting you're being abused as well. ... The other thing is that they are scared of what the person who's abusing them would do if they found out.'[25]

17 Ibid
18 Bobic, N., 2004, Adolescent Violence towards Parents [online], Australian Domestic and Family Violence Clearinghouse: Rosemount Youth & Family Services. Available from: http://www.adfvc.unsw.edu.au/pdf%20files/adolescent_violence.pdf.
19 World Health Organization, 2000 cited by Anderson, L., Routt, G., 2011, Adolescent Violence towards Parents, *Journal of Aggression, Maltreatment and Trauma,* 20(1), pp. 1-19.
20 Cornell et al. 1982; Agnew et al. 1989; Paulson et al 1990, in Micucci 1995; Cottrell 2001; TeamCares 2001; Paterson et al. 2002 cited by Anderson, L., Routt, G., 2011, Adolescent Violence towards Parents, *Journal of Aggression, Maltreatment and Trauma,* 20(1), pp. 1-19.
21 Galvani, S., 2010, Supporting families affected by substance use and domestic violence [online], The Tilda Goldberg Centre for Social Work and Social Care: University of Bedfordshire. Available from: http://www.adfam.org.uk/docs/adfam_dvreport.pdf.
22 Ibid
23 Ibid
24 Ibid
25 Ibid

When parents did disclose the abuse it was likely to be in a one-to-one session rather than in the group. Subsequent disclosure in the group was reported, once the parent felt comfortable enough to share the experience, and some help was reported from the input of the groups. Some of the family support groups (often run by the parents of substance users) reported not routinely asking new parents about incidences of violence in their introductory processes, with more of an emphasis on parents disclosing it when they felt ready to do so.

Abuse reported from children took a variety of forms, with psychological, financial and emotional the most commonly cited. Physical violence was also reported. A practitioner in a family support group said:

'Definitely emotional – a drug using child is usually very good at manipulating a parent's emotions so that they can carry on using, and get money for it, no matter how terrible it makes that parent feel. Then there's financial, and in some cases, it will get physical.'[26]

As with previous research the question of delineating CPV from 'normal' family argument and conflict was highlighted as challenging for both parents and family support groups. Though most family support groups were 'pretty confident' at being able to tell the two apart, some did acknowledge the need for proper guidance on it.

When family support groups did identify domestic violence, practitioners reported varying levels of confidence in how to deal with it. The report identified good practice including '*responses that indicated active questioning, providing information and referrals, and skilled ways of exploring the subject*'[27] as positive responses from practitioners towards CPV. Analysis of the findings identified four things that practitioners worried about in supporting parents affected by CPV:

a) *'appeared overly directive, for example, telling people what to do and not do (and therefore replicating controlling behaviours of abusers)*
b) *were involved in working with couples without any prior exploration of domestic abuse in the partnership thus potentially increasing safety risks for victims*
c) *guaranteed confidentiality without the required caveats relating to harm to self, harm to others or where children are at risk*
d) *asking questions that imply the victim's responsibility.*[28]'

Practitioners also reported feeling unsure on the exact relationship between substance use and domestic violence, although '*everyone agreed there was strong relationship between substance use and domestic abuse and/or that the prevalence of the co-existing behaviours was high*'[29].

26 Ibid
27 Ibid
28 Ibid
29 Ibid

Policy context

The dominant framework commonly used to conceptualise and explain domestic violence is generally not fit for purpose in conceptualising or explaining CPV. When services engage with women affected by IPV they will aim to ensure her safety whatever the circumstances and help her explore options. Some of the emphasis will be on working towards a point where a victim can leave an abusive partner and sever the strings of relationship as fully as possible. This model does not correspond satisfactorily to CPV since the victim, here the parent, cannot readily sever their relationship with their child as a woman might with her partner. A parental victim is legally obliged to care for an abusive child who is aged under 16 and cannot force them to leave the home without making other arrangements. Even a parent whose adult child has long since left home and is in minimum contact is still a parent biologically, legally and emotionally.

Similarly, much current policy around parenting stresses the responsibility of the parent in controlling and improving the behaviour of the child. This does not always fit comfortably with what the findings of this project indicate, where parents repeatedly stated that the siblings of the children perpetrating abuse had been brought up very similarly but had no behavioural issues, did not abuse substances or abuse their parents.

Additionally, the current laws that cover domestic violence do not satisfactorily address the circumstances of those experiencing CPV. The Government's current definition of domestic violence specifically mentions that any incident must occur between '*adults who are or have been intimate partners or family members*' which means the police do not implement policy and procedures on domestic violence when dealing with CPV perpetrated by the under 18s. A lack of appropriate legislation and acknowledgement in law is likely to also lead to a lack of awareness and the conceptualising of such acts as happening outside the 'normal' boundaries of domestic violence. This may then lead to acts of CPV being considered as rare, individual aberrations, rather than examples of violence that need to be systematically addressed - like any other form of abuse.

All statutory agencies, as well as many voluntary ones (at least where official partnerships and tendering are concerned) use the governmental definition of domestic abuse. This means that they are limited as described above, with their focus understandably on the forms of abuse described in the definition and consequently not on CPV.

This means that parents who do experience CPV do not have a clear pathway of referral to access help and support, leading to few receiving assistance from specialists.

The project

Aims

Based on the findings of previous research, the aims of this project, including the subsequent training, are to:

- Learn more from the parents about their experiences and how services have, or have not, effectively supported them
- Train and empower practitioners from family support groups using the learning from parents to improve future support
- Raise awareness of CPV in both the domestic violence and substance use sectors through communications work, publicity, the press and any other methods available.

This report represents the first stage in achieving the above. The second stage will be training delivered to family support groups throughout the country and the development of a series of briefings on CPV for family support groups, commissioners, domestic violence workers and substance use workers which will be widely disseminated.

There will also be a launch in parliament for the project.

Methodology

The first stage of the project ran from September to November 2011 and consisted of nine focus groups throughout England attended by 88 parents. The learning from those groups has been used to inform this report, as well as the subsequent training.

	Place	Services involved	Date	No. attendees
1	Northumberland	ESCAPE Family Support	13/09/2011	11
2	Sheffield	RODA + SPODA	14/09/2011	9
3	Solihull	Welcome	27/09/2011	15
4	Mansfield	Hetty's	11/10/2011	4
5	Manchester	Various	13/10/2011	10
6	Southampton	Parent Support Link	18/10/2011	12
7	Warmley	DHI	20/10/2011	11
8	London	Various	27/10/2011	9
9	Brighton	PATCHED	30/11/2011	7
			Total	**88**

Adfam is in contact with a significant number of family support groups around England and approached those mentioned to take part in the project. They were picked both to cover the nine Government regions and for their reputation as successful and effective organisations. Each group approached was given a £100 honorarium to cover administrative, venue and refreshment costs. They were also provided with a project brief and given the opportunity to ask any questions of the project prior to the focus groups taking place.In order to ensure a good response, the group in Sheffield was held jointly with two organisations – RODA of Sheffield and SPODA of Chesterfield. Similarly, the Manchester group hosted by the Drug and Alcohol Directorate of Manchester City Council, with members from Manchester Carers, Hands, Smart Group and Greater Manchester Alcohol and Drug Carers Focus Group invited. The lack of an obvious family support group in London to work with meant Adfam organised the group and invited parents through established networks and contacts.

Once the groups had agreed to take part in the project and convenient dates were settled upon, a joint memorandum of understanding was signed by Adfam Chief Executive Vivienne Evans and sent to each service, which committed them to

taking part in the project and providing at least six parents for the focus group and a suitable setting for the meeting. An offer was made for interpreters or signers to be made available but ultimately this was not necessary with any of the focus groups.

The family support groups then used their own networks to contact parents they believed (from on-going work) were affected by this issue. Adfam provided the groups with an information sheet for the parents and monitored their recruitment in the run-up to the groups.

Each focus group lasted two hours, with a short break in the middle. Prior to the groups starting consent forms and information sheets were distributed to participants (see appendix A). A brief introduction was then made for each focus group, with the purpose and background to the project explained and the group asked if they would object to the use of an audio recorder. In all groups except London there were no objections from the participants so the audio recorder was used. In all groups hand-written notes were also taken by Oliver Standing (Adfam) and Davina James-Hanman (AVA) facilitated.

A short list of questions was used to stimulate discussion in the group, with measures taken to ensure participants both spoke broadly within the boundaries of the topic and in a safe and confidential manner. It was stressed that whatever was shared within the group was to be treated with total confidentiality by all in the room, and that the written and recorded records of the day would be securely stored by Adfam and AVA. Each attendee was given a £20 high-street voucher as a thank-you for their time and commitment to the project.

Generally the parents were very willing to talk and share their stories. In some groups a large number of the parents knew each other, with some having long-standing friendships and profound insights in to each other's situations. In others (especially Manchester and London) the attendees did not all know each other, although this did not seem to affect their willingness to speak. Naturally some parents were much more open in the sharing of their stories than others. Generally those parents nearer the start of their journey were quieter than those who had years of experience. Efforts were made by the facilitator to gently steer the discussion of the groups back to the topic of CPV at times, although every effort was also made to allow parents to share what they wished, which often included a lot of wider, broader information and stories.

After the focus groups had been conducted the recordings were transcribed with the most informative quotes and stories taken from them. These quotes and themes were then used as the basis for further work.

A draft copy of the report was provided to the family support groups for comments and feedback so that participants could check their views had accurately been portrayed.

Findings

The sample of nearly 90 parents inevitably yielded a variety of results, but there were many common experiences and themes. It is worth noting that despite the often harrowing experiences related, participants demonstrated incredible human strength and resilience, and much comradeship and black humour were evident.

Throughout the findings section the origin of each quote is indicated with a number. These numbers correlate to the nine focus groups identified in the previous section.

The abuse - 'You're destroying me'

As with IPV, CPV manifests in a variety of ways, including verbal aggression, financial exploitation, threats of violence (including death threats) and serious physical assaults.

Financial abuse predictably centred on demands being made for money to buy drugs or alcohol. Often these were reinforced with a threat that the personal safety of the child was at risk if the parents did not provide a certain amount of cash to pay off debts to dealers. It wasn't always possible for parents to know whether this was just an excuse used for leverage or if the safety of their loved one really was in danger and this uncertainly was painful in itself. Understandably this caused many parents to repeatedly give money to their children, even when they had promised themselves or others that they would not.

- *I've had text messages saying he'll have his legs broken if we don't pay £500 by this Friday and we've got ourselves into serious debt* (7)
- *He was abusive in the way he used to steal things…I went on holiday one year, left money in the house. Came back and he'd been looking after the house and he told us we'd had a burglary* [i.e. the money was missing]. (5)
- *I got up to my eyes in debt cos [my son] would come in and say 'oh mam I need some money because if I don't they're going to do what they threatened to do', and next thing you know they're going to torch the house.* (6)
- *I give her money now since I found out she was working as a prostitute to feed her habit. What else can I do?* (3)

Emotional abuse was reported by all parents. This included threats, manipulation and seeking to blame the parent for the problem. One grandparent said that when her grandson was in a rage he would find her photos from the past which held great sentimental value and deliberately deface and rip them up. Some children seemed to purposefully exploit the worries parents have over their role in parenting the children who grew up to become substance users and parental abusers.

- *I'd get phone calls and screams 'I'm going to throw myself off the bridge'. It's really bad.* (7)
- *My experience is…to do with mental harm…he has just damaged me so much I am so tired that I wonder sometimes how I can keep going* (3)
- *I still cry buckets over my son because I'm frightened he's going to die before me* (5)

Physical violence was reported by some parents (roughly one quarter), but was less common than emotional manipulation. Some parents said that they were sure their child would never abusive them physically, with the act of physical violence assumed to be beyond the pale, even for people behaving in extreme ways. Whilst some parents were proved correct in this belief, one mother did have her son turn on her.

- *Eventually he turned on me which I never ever thought in a million years he would do. The bond that we had was so strong and it was his birthday but for weeks and weeks he'd been borrowing money…going around putting his fist in my doors, I've had knives at my throat off him…he said to me 'you better move now cos I'll use it', so I said ' do me a favour and do it because I can't take it anymore, you're destroying me'.* (6)
- *At one point he was sectioned and then afterwards he came with a knife to kill me cos he had it in his head that I had got him sectioned but really it was the police that did it. I had to wrestle the knife off him, it was terrifying. I had no choice but to dial 999 - I couldn't ask the neighbours.* (4)
- *[My son] pinched my car and smashed my house up…it was mother's day* (1)

Understandably the effects of the abuse took a heavy toll on the parents. Stress, depression, exhaustion, a loss of sleep and concentration were all reported. Many parents reported the horror of feeling isolated and alone, trapped in their situation and unable to escape.

- *It's just taking and taking and taking all the time, and it's really getting me down* (5)
- *You mention the word monster…that's what I call my son. The monster.* (1)
- *You never go to sleep…you expect them to set the house on fire or you just don't know what they're capable of* (3)

Characteristics of parents - 'Did I not love you enough?'

The parents who took part in the project varied in age from early 30s to around 60, with three or four grandparent and friend carers also contributing. Many more women than men attended the groups, although this reflects the demographic of all parents accessing this kind of support service, which is very heavily skewed towards women. There was a higher percentage of single parents represented in the groups than the national average.

As with most parents who seek help from family support groups, the parents who attended the events typically took quite a long time to do so. This is unsurprising given that seeking help with parenting issues is usually viewed as something only failing parents do. Many reported reluctance in facing up to the problem.

- *We thought there was a problem but hoped there wasn't one, so we sort of sat on the fence and then eventually we had to do something because we didn't understand enough about drugs (4)*
- *Actually knowing about it and recognising it are two different things because I think you go into denial and I think I was suspicious almost straight away and actually recognising it was probably about a year on realistically, maybe a little bit more (9)*

For a significant number of mothers, there was a background of domestic violence or abuse in their own lives – either in their childhood or past adult relationships. Some parents identified this as a possible factor in shaping the behaviour of their abusive children. Similarly, some parents identified a background of substance use in their family as a possible contributing factor to their child's abusive behaviour later in life.

- *My husband was a violent man towards me and I'm sure that my son picked up on the energy* (9)
- *I one hundred per cent totally believe it was my fault - the partner I had at the time abused him* (1)
- *I never believed alcoholism is inherited but what I've gone through with his father and his alcoholism and now going thorough it with my son I do believe it is inherited* (3)

Even when subjected to sometimes extreme abuse, parents (and grandparents) stressed the immense power of the parent-child bond. One 84 year-old grandmother who was a victim of physical assaults severe enough to hospitalise her and send her grandson to prison reported – '*I can't see him hurt in any way, I've got a very soft spot for him*' (5).

- '*I'll never give up on my son*' (2)

Although the vast majority (88%) of parents who attended the focus groups were female, a smaller amount of fathers did attend and some were vocal in explaining the problems as they saw them, including what it all meant for them as fathers and as men. Some talked of feeling a particular kind of pain at failing to live up to their – and society's – expectations that they could provide for and protect their family. One man referred to seeing no way out and considering simply leaving the family unit as he felt he had failed so badly and that the family would be better off without him.

- *As the head of the family I've really struggled (7)*

Having a child with a drug or alcohol problem was reported by a small amount of parents to have changed their views towards substances. Some parents started to hate alcohol and drugs whilst others had themselves turned to them as a coping mechanism.

- *I'm drinking more now than I've ever done. I never used to drink as much… I want to be ready for it, so I'm sitting there sipping whisky or brandy so if he comes to the door I'm strong enough to handle it…I'm waking up in the middle of the night sitting in a chair with a half empty whisky bottle on the floor. Now I've no-one to hide that from because I live on my own and I'm doing it more and more. (3)*
- *I wouldn't have it in the house, I wouldn't have no alcohol, it makes me cringe* (7)

Some women spoke about being single mothers and how this had affected their children's upbringing, as well as people's perceptions of them. Generally the mothers felt they were negatively judged for being single parents, with society, and even friends, attributing their children's substance use to the lack of a second parent.

- *There is definitely a stigma about young single parents (2)*
- *I think the one-parent mother thing is an important thing because you've c only got to look at the Government and the way they stigmatise…because they do, and they have in the past and they probably will do in the future.. because what they're doing to one parent families at the moment I think is diabolical. (3)*
- *One of my mates said 'it's because you're a one-parent mother'* (3)

Characteristics of children - 'Without the drugs he's a gentleman'

The ages of the children involved ranged from 11 to the late 40s, with the most common ages reported as being early-to-middle teens. Many parents reported confusion over the exact time when the abuse started, with substance use related CPV often felt to be indistinguishable from 'normal' problematic behaviour from young teens. Lots of parents stated that the substance use may well have started earlier than they believed, and its effects been masked by what they perceived to be the moods and changing behaviour of any young teen going through puberty and rapid social, physical and emotional change.

Parents also commonly reported a trigger event which they believed sent their child down a path of substance use and subsequent abusive behaviour. These events typically happened when the child was aged between 13 and 15. A number of parents reported the death of a grandparent or bullying at school as a trigger. One parent identified the death of the friend of her son.

- *It wasn't the drugs that began, it was the bullying - three years of systematic abuse that he put up with every single day in maths for three years and I was going up there all the time because I knew something was the matter…some boy came and gave him some cannabis when he was in year seven and then every morning from then on he was having three or four spliffs in the morning from the age of 11* (9)

Whilst the example above is clearly very serious, some of the trigger events recalled by parents were less traumatic. Whilst it is, of course, entirely possible these may have acted as a kind of trigger (either because they happened at just the right (or wrong) time, or they acted as a last straw in a chain of events) it is also worth considering if these parents might wish to look for an obvious event in their child's adolescence as a way of making sense of their experience.

Some common themes emerged in the reported characteristics of the children and adolescents who abused their parents. Many parents described their abusive children (usually sons) as funny, cheeky, eager to please, impressionable and intelligent, and as having low attention spans and a lack of aptitude in academic or mainstream education. Whilst this in no way indicates that all boys with these characteristics are likely to use substances or be violent toward others, the fact that so many of the boys were described like this in the focus groups is surely worth noting.

- *The day he came out the womb he was cheeky, honestly! He was awake, he'd entertain people. When he was* this *big, he'd have a guitar. His school used to ring me and say he has been putting his finger under the tap and spraying everybody.* (5)
- *He was bright but he couldn't study, he couldn't do the school work. He went away for a week with the army training and they said 'we'll have him any time' and he was fantastic – getting up at three o'clock and going on manoeuvres. (5)*

- *He is very, very bright. He used his time in prison as a school and he's an artist and his art went to Birmingham. He's read the Koran and read the Bible.* (5)

Many parents stressed that they felt they had raised their children well, in a way very similar to that experienced by siblings who had not ended up as substance users. Some wondered if they had accidentally spoiled their children, and if this had added to later problems. Many parents stressed that the siblings of the substance users had grown up to lead successful or 'normal' lives.

- *My daughter is a bit older and she's goody-two-shoes, she's the absolute opposite* [of the son] *and hasn't put a foot wrong her whole life. When she was in her teens we used to make her go out, she would rather stay in and watch television with us in a Friday night rather than go with her mates. (7)*
- *I've got a 12 year old daughter who's an angel – so I've got the devil and the angel and I feel like I've got two lives going on (4)*
- *They've never gone without which is why I couldn't understand why they've gone like they had* (19)

What do you call CPV? - 'A bad patch'

The issue of what to call the abuse was a knotty one for most people. Some, reluctant to admit that their own children were abusing them, fudged the issue through euphemism. Others were happy to acknowledge it as abuse or violence. One parent referred to the moment a professional used the phrase 'domestic violence' as crystallising the reality in her head and making her realise that what was happening to her was not normal.

- *I'd call it domestic violence from my own son towards myself and my wife (5)*
- *I actually was* [calling it domestic violence] *after I accessed help – then you start putting a perspective on things (9)*
- *You don't label it that* [domestic violence]*, not until you start speaking to somebody and you start then actually this isn't normal, this isn't what my sixteen, seventeen year old son should be doing, although you do know it, it's strange, it's actually only when you hear those words you think that's actually it, and it sounds really dumb, it sounds really stupid, maybe that's part of the denial (9)*
- [I call it] *Drug induced frenzy (9)*
- *I used to think it was punishment because I'd done something wrong (9)*
- [I call it] *Being a mum (9)*

This reluctance -to name the experiences as abuse – echoes the responses of those subjected to IPV. For both, it involves acknowledging the painful reality that a loved one is abusive. For these parents, there was the added complication of the overlap between the abuse and what was perceived as the normal problematic behaviour of moody teens.

Seeking help for the substance user - 'I want my son back'

As noted, parents generally conceptualised the problem as a function of their child's drug or alcohol use, and not as a domestic violence problem. This meant that when they turned for help they most commonly looked for their child and not for themselves. Most parents felt that the abuse would lessen once successful treatment was found. Typically the parents turned to their GP on behalf of their children. Many found it very hard to get their children to engage with services.

- *It took me two and a half years to get him to see a doctor and I will never get him there again, he gets his counselling every week at ESCAPE but the under-lying problem is very serious* (1)
- *I rang them* [drug clinic] *and they said yes, we can give him an appointment….four weeks ahead. And I remember thinking 'he could be dead by then' (3)*

It is worth noting that even for parents who had been able to get drug or alcohol treatment for their children, there is a lack of corresponding perpetrator interventions which the children could access. Current programmes for domestic violence perpetrators exist within a framework that assumes the perpetrator is over 21, has had some experience of adult relationships and can relate feelings of power and entitlement to feeling of powerlessness and disentitlement as a

child and adolescent. Clearly this is not suitable for a child aged under 18 and something that should be addressed. Respect, the national co-ordinating body for domestic violence perpetrator programmes, is currently developing appropriate interventions for adolescent perpetrators of CPV.

First instances of parents seeking help for themselves and disclosing violence - 'Where is the help in these desperate moments?'

When parents did try and find support for themselves no one source of support dominated hugely in terms of the first point-of-call. GPs were the most popular, with the police also reported commonly as a source of external intervention often prompted by a criminal act or crisis point. The internet was also popular with many parents, especially the FRANK website. At this initial point parents reported looking for sign-posting to support services, reassurance, a shoulder to cry on and practical strategies for reducing arguments and avoiding conflict. Many parents stated that they found their way to a family support group by chance, with a GP, friend or treatment service happening to have a phone number or a flyer for the local support group.

- *The trigger that first brought me here* [family support group] *was cos I thought he was going to end up needing sectioning (1)*
- *And it was him* [policeman called to violent incident] *who said 'what help are you and your husband getting?' And I said 'we're not getting any', and it was basically from then, I rang FRANK, a really nice Scottish guy I talked to, calming and understanding' (7)*
- *When I was in the police station one night I saw a leaflet and thought - oh, I wonder what that's about (1)*
- *I didn't know there was support for us…I was talking to a friend and the friend told me that there was support out there for* me *which I knew nothing about* (1)

Actually disclosing the violence to services may take a lot longer than making initial contact. Shame and fear of the consequences generally held parents back from admitting to being victims of violence. Disclosing violence often came about as a result of a crisis point, or tangentially through an initial contact with services for another purpose, usually the seeking of treatment for the child.

- *My doctor asked what these burns were and I was feeling very vulnerable at the time…he'd beat me a week before…the doctor said 'can you tell me what happened?' He was easy to talk to…it felt like a weight had lifted. (3)*

Positive experiences of support - 'Lifelines'

Despite many parents suffering immense hardships and frustrations many did find effective support for the problems raised by CPV when they finally did seek support. This most notably came in the form of the family support groups which were routinely described in the most complimentary terms possible – as 'a godsend' or 'a lifeline'.

Family support groups were rated so highly by parents because they provide a safe environment for them to unburden themselves emotionally and empower themselves practically. With parents feeling so affected by the stigma and shame of having a child who abuses them, the oasis of support provided by the family support group was essential. Whereas outside the groups, society, acquaintances and even other family members were quick to judge them, within the groups the fact that parents were being abused by their own children lost its power to shock. Parents knew they could relate stories of being abused without being judged, seek emotional support and share tips and coping mechanisms accordingly.

- *I just depend on it, it's such a necessary part of my life…it's made me so much stronger. I mean I can't deal with everything, it's impossible, but I feel that much stronger* (9)
- *There's nothing you could say here in this group that would shock anybody – there's no judgement, nobody is judging anybody* (7)
- [Group facilitator] *and the group have saved my life, honestly.* (7)
- *You're not judged, that's the important thing, us not being judged, because when you first arrive here you think, 'oh God I'm a failure, I'm a reject'* (4)
- *You can talk to strangers when you can't talk to your own family, I get too upset. My twin sister doesn't know my son is a drug addict and he's been an addict for 20 years and she doesn't know and she'll come tomorrow, she's coming on Friday and I want to tell her but I don't, I feel ashamed.* (4)

Other than the family support groups, reports of positive experiences were less common and no one agency stood out. The best that can be said is that some parents had some positive experiences of some agencies but the majority of parents seeking help from the same agency had a negative experience.

Evidence from the project suggests a high level of variation in the police in terms of their understanding, empathy and referral skills. Some family members found them supportive and understanding in their own right, and the police also signposted a few parents to a dedicated family support service.

- *Police, the PCSOs, absolutely amazing. They were so understanding.* (7)
- *I found the police have been absolutely magnificent I must admit…I'm talking 15 times, I'm talking two scenes of crime investigations and they have been just unbelievable and they have the physical presence to pick somebody up if they need to.* (4)
- *Police were very good and the police women kept in touch* (8)
- *I think they should be given more freedom, I feel for the police - they can't do right for doing wrong (2)*

Like the police, the experiences of social services amongst the parents was mixed but with the vast majority finding them to be of little use. However, a few parents did have a positive experience.

- *Social services have been helpful* (5)
- *When I first reported it to social services, they have been brilliant, her social worker has been working with her for 18 months, she's there at the end of the phone, if there's a situation we can't deal with (2)*

Individual parents reported other sources of support as sporadically useful. These were all mentioned only by one or two parents as useful, without any wider agreement. These included the GP, counselling, Youth Offending Team (YOT), Al Anon and Child and Adolescent Mental Health Services (CAMHS).

- *I've got the best GP on the planet. He's always there. In the worst case scenarios I could ring up in the morning and I would get a phone call back some time through that day.* (7)
- *You know what helped me most? I had 18 months of counselling and by God it made me stronger…she saved my life and I've never looked back. I've never wanted to kill myself again.* (6)
- *I see a clinical psychologist for the post-traumatic stress of what happened and that's very helpful. She's a lovely lady.* (9)
- *Al-Anon give you a support person you can ring 24 hours a day, which is very good* (6)
- *I've got to say my CAMHS have been very helpful* (5)
- *The YOT were quite good I felt…non-judgemental* (2)

Negative experience of support - 'I feel let down'

With a sample size of nearly 90 parents, all services with the exception of family support groups were criticised by at least one parent and usually many more. This, of course, has to be balanced against the fact that any negative experiences the parents may have had of the family support groups were unlikely to be voiced in the focus groups since these had been organised under the auspices of those very same groups. Additionally, in some instances a practitioner or manager from the group was sat in the room when the focus group was conducted. However, there was an apparent strength and genuine feeling behind the praise for family support groups. Social services, the police and GPs all came under heavy fire from parents as the three most likely sources of support they approached.

Social services were often felt to have failed parents and to have a strong, or even obsessive, desire to focus on the risks to children without understanding that sometimes it is the parents that need help. When a problem was acknowledged with the children, parents often felt that social services automatically assumed this was solely due to parenting deficiencies.

- *Social services judged me…they're a load of idiots. I'm sorry but they are, I went to see one the other day, my daughter's in crisis, and she refused to see me and handed me a piece of paper with her advocate's phone number on which I know obviously.* (4)
- *There seem to be a problem with social services when it's the parent or family requiring help rather than the child requiring help. There seems to be some sort of mental block where they can't understand or don't want to understand that possibly the family are not able to deal with the child* (5)
- *Social services believe the child and they will not entertain the truth at all, they only believe the child and they have to protect the child* (7)
- *Social services didn't know anything* [about mephedrone] *and that was what I was battling with. It was nothing as far as they were concerned - they didn't know the side effects.* (7)
- *I searched my son's mobile for evidence that he was dealing drugs - which I found. The social worker told me I was invading his privacy and that I was being emotionally abusive. (9)*
- 'Her [social worker's] exact words to me was *'if you can't do anything with your son how do you expect us to…there is a risk that your daughter will be put on the at risk register' (1)*

The police were called upon for help by many parents. Unlike the family support groups and social services, the help needed from the police usually was short term and arose from crisis points where the child was behaving in an extreme or abusive way, often with the threat or reality of physical violence. As noted earlier, some parents had had very successful interactions with the police but others found them less supportive and understanding.

- *All they do is wait until something really awful happens and then cart them off, that's my perception and that's all I ever witnessed* (9)
- *I don't think they see us as innocent personally, you know, I think it's very difficult to pick up the phone to phone the police on your own son, and when they do turn up it's very difficult (9)*
- *The police didn't even tell me it was domestic violence, they knew what had been occurring but never had the words domestic violence said to me* (9)
- *I have called the police on at least four times and been let down on every occasion* (8)
- *In the past the police were bringing him down the stairs and doing gun signals to his head as if to say shoot him.* (5)

The evidence clearly showed that GPs were a common first port-of-call for parents looking for help, and some parents did report negatively on the support they received. Some GPs were effective in trying to treat the child for substance use but failed to alert the parents to the possibility of support for themselves around the CPV.

- *The GPs don't seem to know what they are doing, they don't know anything about drugs or alcohol* (7)
- *GP doesn't even ask anymore* (8)

Many parents reported a general feeling of services having failed them. This wasn't directed at a single service in particular, but was more an encapsulation of years of being passed between services and feeling that they weren't providing the help they should or talking to each other. Many parents also did not feel listened to by services, with agencies only interested in talking to them at certain points, or when it suited them.

- *The mental health professionals and the drug and alcohol professionals don't mix, they don't work together…they pass the buck like something not right, badmouth each other's services, talk a load of waffle and run rings around you* (6)
- *Services treat carers like a piece of dirt – do not want to know, no empathy* (5)
- *Services wanted to involve me when it suited them only* (8)
- *Every time I think I'm getting somewhere the services let me down* (8)
- *They all need a kick up the arse and bit more training* (9)
- *Surely it wouldn't be that difficult for all professionals to talk together?* (7)

Barriers to seeking support - 'Totally in the dark'

Having identified these negative experiences of seeking help, parents also talked about what prevented them from seeking support, whether it was a lack of information and awareness or social factors such as stigma or shame.

The most positively rated source of support – family support groups – often existed very near to parents who sometimes had no idea they were there until a chance encounter or remark alerted them to their existence. The parents' relief at finding such excellent support was often tempered by sadness or frustration that it had not been found earlier. Better links to family support groups in other potential referring agencies such as the police, schools, GPs and social workers were identified as important.

- *These places need to be advertised a little bit because a few of us have all said we wish we'd found out about Parent Support Link a lot earlier* (7)
- *Maybe the schools should push for it…maybe they should tell us as parents that you can get help and at least we can address the problem before it goes on for seven years* (2)

Alongside a lack of awareness, a sense of shame was the most commonly stated reason for parents to avoid even looking for support. Shockingly many had experienced some sort of stigma or discrimination from their own friends or family, with parents often feeling caught in the middle, stuck between the child they still loved despite the abuse and the rest of the family urging them to give up on the substance user and cut them loose. A number of parents also reported feeling the effects of stigma from wider society, even strangers.

- *My family won't talk to me because I support the 'druggy one'* (3)
- *The local paper often have him on the front page as 'scum', he's known, they put his name on, that's the sad thing* (7) [Friend of son]
- *That guilt is crippling, it's absolutely crippling* (9)
- *By the time you're hit, you're out of control yourself, you're so low, and the stigma's there that you don't want to do anything* (3)
- *I was in a taxi a couple of days ago and honest to God I've never wanted to punch somebody so much, only that he was driving a taxi so I would have killed myself. So we talked about drugs and alcohol and he said 'you know what they want, they want to do with them lot?' I said 'what?' He said 'just stick a needle in them and get rid of them all'. I just looked at him and said 'I beg your pardon?' He said 'stick a needle in them and get rid of them, they're the scum of the earth'. I just looked at him and said 'you know what you'd have been good at? Working in Auschwitz'.* (6)

A specific form of shame and stigma affected parents: the feeling that the parent-child bond is absolutely unbreakable, that parents cannot desert their children (unlike an adult partner) and that to attempt to sever, or lessen, this bond is still totally taboo. Many spoke about the family support groups as the only place where they felt safe enough to admit that they ever had moments of such 'treacherous' thoughts.

- *I wish I hadn't thrown my son out…that goes against the grain – a mother to chuck her son out* (7)
- *If I wasn't his mother I'd tell him to piss off (7)*
- *His behaviour has always been 'everybody else in the world is wrong except me' which you'd expect him to grow out of, he's 28 (7)*

For many parents the world of drug use was totally alien, new and scary. Many did not know much about drugs at all, with one mother telling the group that a contact of hers had only realised her son was using heroin and not just cannabis when she asked a friend what the methadone her son had been prescribed was. Whilst this factor did not impact on their negative experiences of having a substance user in the family, it did impact on them understanding and coming to terms with their child's drug or alcohol use and seeking help for their child.

- *We weren't educated in it – spotting it or understanding it and you know, you just failed…we failed completely at understanding there was a problem until two or three years later* (4)

On a similar point some parents clearly 'never thought it would happen to them'. This factor is related to a lack of information on drugs, with parents assuming that drug use and subsequent CPV is something that would never occur in their family. Whilst some parents mentioned a history of substance use in their family, for many

drugs came into their lives out of the blue.

- *I used to think addicts were from bad families* (8)
- *You think it'll never happen to your family. Nothing like that has ever happened in our family before and we never thought it would happen.* (7)

Even when parents have come to terms with the substance use and chosen to seek help there is no guarantee that both parents (when there are two involved) thought the same about seeking support and wanted to go about it the same way. As discussed previously, some fathers felt a specific type of failure or frustration which may also come into play here.

- *If you have a spouse, you're not always feeling the same* (8)

When parents wanted to get in touch with services to find out about the progress of the children in treatment or to try and check up on their whereabouts when they had gone missing or disappeared for a while, they often felt defeated by policies and protocols on confidentiality. The feeling of not being involved or having attempts to help rebuffed by practitioners was powerful and highly unwelcome for parents.

- *There's secrecy basically, so that parents aren't allowed to help the children* (5)
- *I have no access to anything because of data protection* (8)

This contrasts sharply with the recently launched 'Clare's law' Government pilots giving adult victims of adult abusers the 'right to know/tell' and other moves in recent years to improve communication between services and victims. Whereas victims of IPV may have some access to information about the perpetrator through the police or probation services and know, for instance, if they were attending appointments, victims of CPV have no such insights into the behaviour of the person abusing them.

Parents perceived contacting the police differently from contacting other services which were viewed as potentially helpful to the child. Police involvement was seen as punishment. A paralysing mix of shame, stigma, a sense of failure as well as the public exposure of their private family business made calling the police a reluctant step for families.

- *My son's 13 and if the police come to the door I say, I don't know where he is* (1)
- *I thought 'I can't ring the police'…he gets in enough trouble as it is without me* (2)
- *It's horrible to have the police arrive at your own door because you can't control your son. It makes you feel so low.* (5)

Final word

Parents were asked to encapsulate their experiences and needs in a single request to professionals. This quote has been selected as one which best represents the views and wishes of the majority.

- *For all the multi-agency services to come together rather than try and exclude me. If my son is in rehab then they don't want to talk to the family, probation don't want to talk to me, but they want information from me, you know? We need a little bit of a two-way street rather than an avenue that suits them, we need that little bit of respect, and our experience and our input. We know that person – they don't. We live with that person - they go home at night. Come to us a bit more, don't exclude us. (9)*

Conclusions

1. The policy and service framework that currently exists is failing to meet the needs of parents experiencing CPV. From the government definition (which fails to acknowledge that the under 18s can perpetrate domestic violence) to the services which fail to meaningfully locate CPV anywhere within the framework of support they provide for families, there has been a lack of acknowledgement or action on the problem. Domestic violence services may not be aware of CPV at all, family support groups may not feel confident in dealing with it, GPs do not regularly sign-post parents to support and social services more often than not see the behaviour of the child as a result of defective parenting and do not to see that the parents themselves need help.

2. What motivates children and young people to perpetrate CPV is still not fully understood. The link between CPV and domestic violence experienced by perpetrators themselves is still not fathomed and research findings are inconclusive and contradictory. Whatever the link, it is surely wise to resist condemning children, usually boys, to a predicted life of perpetrating abuse on account of the terrible hardship they have experienced in their lives.

3. Children can be both victims and perpetrators. Whilst the behaviour of many abusive children closely resembles that described by accepted IPV models of domestic violence, (although not the current UK Government definition), some of the experiences they have been through would clearly categorise them also as victims. Many of the children had experienced abuse in their own lives, or had witnessed it in the home. Others have had problems at home, been bullied at school and socially isolated. These children, as well as their parents, need help.

4. Stigma plays a key, paralysing role in stopping families from looking for help for themselves when abused. They feel that they are likely to be shunned and that service providers, colleagues, neighbours, friends and family may judge them and partly blame them as parents. The dominant understanding of abusive children as manifesting bad behaviour on account of imperfect parenting corroborates this worry. For many of the parents participating in this study, the fears proved well-founded when they approached agencies for help.

5. Drug and alcohol family support groups are the most highly valued sources of support for families with children who use substances and perpetrate CPV. They have been universally praised by the parents consulted in this project and proved to be welcoming, adaptable, efficient, empowering and cost-effective. Often started by passionate people driven by circumstance to create support for themselves and others in their community, they embody the best of the self-help model, a model which the Government would do well to support given its emphasis on the Big Society and the drive towards localism.

Recommendations

1. **Increase recognition of CPV at a national policy level**

   There is very little awareness or acceptance of CPV at any level of policy. Although it is not routinely included in national domestic violence guidance or strategies, the Government is ideally situated to decide where CPV should exist within the framework of legislation and services that exists for IPV and other forms of abuse. Domestic violence services, family and parenting organisations, family support groups and the substance use sector all have a stake in working together to support the victims of CPV but there is currently a lack of steer from Government where the problem does not seem to have been recognised, nor the nettle of supporting parents grasped. The Government must decide, as a matter of some urgency, where CPV 'sits' within the national policy framework.

2. **Including CPV into the standard definition of domestic abuse**

   The definition of domestic abuse is currently under consultation. Both Adfam and AVA have made submissions to the consultation and suggested it be amended to include perpetrators aged 16-18. This would be a major step in the right direction to boosting awareness around CPV. It would help services improve the support they provide to parents and explain the experiences of parents within an understandable framework in the eyes of policy and law-makers.

3. **Increased awareness of CPV in family support groups**

   Based on reports from parents as well as Galvani's research it is clear that some family support groups do not feel totally comfortable and confident discussing CPV. Almost all parents with children who use substances will have experienced behaviour that could be considered CPV (verbal aggression, constantly asking for money, threats and violence) and family support groups are exposed to a wide range of challenging behaviours. Many groups, however, will be less familiar in dealing with the more extreme manifestations of CPV and may feel uncomfortable attempting to delineate CPV from 'normal' family conflict. The screening and questioning process for new members of the groups could also be improved in some cases to sensitively and appropriately ask parents about CPV.

   This will be addressed through the Adfam/AVA training that will be delivered as part of the project.

4. **Improved multi-agency working between services**

   A clear message from parents was that in many cases they did not believe the services that supported them and their family talked to each other or approached problems in a strategic way. The clear sense that CPV is somehow falling through the gaps of support indicates that this lack of communication and shared strategy is having a seriously detrimental effect on the overall support provided to parents. At the very least, improved sign-posting and referral mechanisms are needed to prevent parents struggling alone without access to the support that may well be on their doorsteps without their knowledge.

5. **Existing forums should be used better to tackle CPV**

   The joined up working that is much needed could be facilitated by existing fora such as Domestic Violence/Violence Against Women Partnerships, MARACs and the local Safeguarding Children Board including families affected by CPV in their work. This would require further work to be undertaken on the applicability of the Domestic Abuse, Stalking and Harassment and Honour Based Violence (DASH) risk model.

6. **Ensure grass-roots voluntary organisations are funded to support parents**

   Evidence from this project and others clearly shows that parents affected by CPV value the help provided by family support groups. These groups have been proven to be cost effective and driven by passionate experts of their own experience. Measures should be taken to ensure that they are commissioned and supported wherever possible.

   The budgets required to sustain family support groups are sometimes not enough to justify them taking part in costly and time-consuming tendering processes. The most important step to take, therefore, is making sure that the funding process is proportionate for every service regardless of size or business acumen.

7. **Enabling those that support families to better help parents**

   Clearly there are very many organisations around the country doing an admirable job of helping families in tough situations. As well as the excellent family support groups identified there are also teams working on the troubled families' agenda, Family Intervention Projects (FIPs) and in treatment agencies that will come into contact and support parents affected by substance use and CPV.

This task of helping families is hard, and some support groups have voiced the need for a little help. Primarily this will be provided through the training that exists as the second half of this project. Based on the findings of this report it will be especially tailored to the needs of families and support groups and highlight all the relevant issues, things to watch out for, ways to improve screening and examples of good practice. A set of briefings on CPV will also be developed.

8. **Supporting the development of perpetrator programmes for under-21s**

Perpetrator programmes that currently exist are focused on working with those aged over-21. It is not suitable for these programmes to be used with those aged under-21, and the findings of this report clearly indicate the need for programmes for this group of perpetrators to exist. Anything, therefore, that can be done to facilitate the creation of such programmes, as is being done currently by Respect, should be encouraged and supported.

Appendix A

Forms used for the groups

Confidentiality protocol
Substance Use and Family Abuse Project

Lead Researcher: Davina James-Hanman
Email: Davina.james-hanman@avaproject.org.uk
Tel: 020 7549 0272

Who will be at each consultation event?
These are focus groups specifically and only for parents of an abusive substance using teenager.
At each focus group there will be:

- (Approximately) 8 -12 parents and
- A facilitator, to guide the process and ensure everyone gets a chance to contribute to the consultation; and
- A staff member to oversee the logistics of the day and to transcribe proceedings
- Interpreters (as required).
- All of these people listed above are committed to and bound by this protocol.

Format for the consultation focus groups.

The focus groups will last for approximately 2 - 2.5 hours. Each focus group will broadly follow a programme such as that outlined below, although groups will be sufficiently flexible in response to participants' needs and circumstances:	
Approx. times	
30 minutes	Welcome / introductions / about the consultation
70 minutes	Discussion – (see separate document detailing questions)
20 minutes	Round-up and close

The information you give will be recorded in two ways: firstly by handwritten notes and secondly – and ONLY with the permission of all present – it will be digitally recorded. Both types of information will be kept strictly confidential, except as may be required by the law. Written notes will be stored in a locked filing cabinet and shredded within three months of the research concluding. The digital recordings will be stored on a password protected computer and deleted within three months of the research concluding.

All information will be identified by an identification code, not your name. Any form that requires your name (e.g., this consent form) will be stored separately from the other material. Your name or other identifying information will never be associated with any research reports or publications that use the results of your questionnaires or interviews.

None of the information will be shared with any other agency, nor will it be used for any other purpose than for this project.

Use we will make of the consultation material

Adfam and AVA will be producing a report for publication containing all key issues raised by parents throughout the process. Before publication happens, we will provide you with a draft copy for your approval. You will have the opportunity to take out any personal information or quotes if, on reflection, you would rather we did not include them. We will automatically remove any identifying information from any quotes we use.

Subsequent to the publication of the report, we will use the information to promote greater awareness amongst professionals of your needs. Part of this will include creating training packages for professionals.

Thank you very much for your help.

Substance Use and Family Abuse Project
Consent Form

I have read the Adfam/AVA Information Sheet and Additional Needs Sheet
YES / NO

I have been given an opportunity to ask questions
YES / NO

I understand I can withdraw at any time without any consequence
YES / NO

I understand that any information which might potentially identify me will not be used in published material
YES / NO

I agree to participate in the study as outlined to me
YES / NO

Name (print).....

Signature.....

Date.....

Substance Use and Family Abuse Project
Equality Monitoring Form

Equalities Monitoring Information
We would be grateful if you could complete and return this form. The information you have supplied will be kept confidential and will only be used to provide an overall profile analysis of attendance for this project. Please note that this form is entirely voluntary; answer only those questions that you are comfortable with. Please choose one option from each of the sections listed below and then tick or place an X in the appropriate box.

A. Age

Under 16		35 - 44	
16 - 24		45 - 54	
25 - 34		55 - 64	
65+			

B. Disability
The Disability Discrimination Act 1995 (DDA) protects disabled people. The DDA defines a person as disabled if they have a physical or mental impairment, which has a substantial and long term (i.e. has lasted or is expected to last at least 12 months) and has an adverse effect on the person's ability to carry out normal day-to-day activities.

Do you consider yourself to have a disability according to the terms given in the DDA?

Yes	
No	

C. Gender identity

Male	
Female	
Other (please specify)	

Have you ever identified as transgender?

Yes	
No	

D. Sexuality

Bisexual	
Gay man	
Gay woman	
Lesbian	
Heterosexual	
Other (please specify)	

E. Ethnic group

(These are based on the Census 2001 categories, and are listed alphabetically)

Asian, Asian British, Asian English, Asian Scottish, or Asian Welsh

Bangladeshi	
Indian	
Pakistani	
Any other Asian background (specify if you wish)	

Black, Black British, Black English, Black Scottish, or Black Welsh

African	
Caribbean	
Any other Black background (specify if you wish)	

Chinese, Chinese British, Chinese English, Chinese Scottish, or Chinese Welsh, or other ethnic group

Chinese	
Any other ethnic background (specify if you wish)	

Mixed

White and Asian	
White and Black African	
White and Black Caribbean	
White and Chinese	
Any other Mixed background (specify if you wish)	

White

British	
English	
Irish	
Scottish	
Welsh	
Any other White background (specify if you wish)	

F. Religion or belief

Which group below do you most identify with?

No religion	
Baha'i	
Buddhist	
Christian	
Hindu	
Jain	
Jewish	
Muslim	
Sikh	
Any other religion or belief (specify if you wish)	

Information Sheet

You have been invited to take part in a research project. Before you agree to participate, it is important that you understand the purpose and nature of the study and what it will involve. Please take time to read this information sheet and discuss it with others if you wish. Please feel free to contact one of the researchers, Davina James-Hanman via email (davina.james-hanman@avaproject.org.uk) in order to ask questions if there is anything which is not clear or you would like more detail.

What is the purpose of this study?
This research project is being conducted by two organisations - AVA (Against Violence & Abuse) (www.avaproject.org.uk) and Adfam (www.adfam.org.uk). The aim of this project is to identify and understand the needs of parents experiencing abuse from their substance -using child or children. The research will provide an insight into these experiences and help improve the future responses of services to parents in the same situation. The results of this needs analysis will also be used to inform the development of training for professionals to improve their knowledge and awareness of the needs of parents

Who can take part in the research?
We are recruiting parents from all over England who have experienced abuse from their substance-using child and who, at some point, have been in contact with a family support organisation that is part of Adfam's local support network.

Do I have to take part?
No. You are under no obligation to take part. If you participate, then you will be asked to attend a focus group. If you do consent to take part in the research, you are free to withdraw at any time, without any consequences, if you decide you no longer want to be involved in the research.

What will happen to me if I take part?
You will be asked to attend a focus group. This is a small group of people with similar experiences having a guided discussion for around 2 – 2.5 hours. With the agreement of those present, the focus group will be recorded using a digital recorder in order for the transcribed data to be analysed. Once this has been done, the digital recordings will be destroyed.

The questions will focus on your experiences of seeking help – who you told and when, what their response was, who you decided not to tell and why, what support you needed and your ideas about how to improve responses. We will not be asking you for details of the abuse itself. You do not have to talk about anything which you find uncomfortable.

Once we have completed all the focus groups, we will send you a draft copy of our findings for you to comment on and make any corrections if you feel we have misquoted or misunderstood you.

What do I have to do?
If you decide to participate, you will be asked to attend a focus group on a specific date and time.

Please let the family support group which is organising your focus group know as soon as possible if you have any additional travel expenses, childcare or need an interpreter/signer.

What are the possible disadvantages and risks of taking part?
There is no physical risk from taking part in the study. It is important to note however that some of the topics covered in the focus group may involve you thinking and talking about unpleasant thoughts and memories. Please do remember that you are not obliged to answer any questions which you do not feel comfortable answering. You will be provided with details of support services at the end of the focus group should you feel the need to contact someone for further support. All information provided will remain confidential and at no point will your personal information be shared with anyone else.

What are the possible benefits of taking part?
Your participation in this research will contribute to furthering our understanding of parent abuse and the support needs of parents. The information obtained will be used to help improve the response of services to other parents and help the development of training for professionals. Our past experience in running similar groups has indicated that most participants benefit from the opportunity to meet others who share similar experiences and to use their negative experiences in a positive way.

What happens when the focus group ends?
When you have completed the focus group, we will make sure that you have details of local support services. You will also asked if you want to see a copy of the report before it is finalised and / or if you wish to be notified when the final report is about to be published.

What will happen if I don't want to continue with the study?
You are free to withdraw from the study at any time during completion of the online survey and you will not be penalised in any way for doing so.

What if there is a problem?
It is unlikely that there will be a problem during the course of your participation in this research study. However, in the unlikely event that something goes wrong or if at any point you have any complaints about the conduct of any aspect of this research, please feel free to contact Vivienne Evans, Chief Executive of Adfam (V.evans@adfam.org.uk). Vivienne is independent of the research team.

See also the section on possible disadvantages above.

Will my taking part in the study be kept confidential?
Yes - your participation will be kept entirely confidential. All electronic data will be stored on a password protected computer accessible only by the lead researcher and all paper data will be stored in a locked filing cabinet only accessible by the lead researcher. All data will be stored for a period of six months after completion of the research study to allow time for a research report to be written. After that, all data will then be securely destroyed (i.e. paper data will be shredded and electronic data will be erased). Please note that if you disclose information which indicates that either yourself or someone you know (including children) are at current risk of harm we will be required to request further information and pass this information onto the appropriate agencies.

What will happen to the results of the study?
The results will be typed up in the form of a research report which will be disseminated widely to relevant professionals and decision-makers. An electronic version of the report will also be available via Adfam and AVA's websites. The research may also be written up in the form of an academic paper and submitted for publication in an academic journal. In all of the above, data and quotes will be presented in such a way that individuals will not be able to be identified.

Appendix B

The equalities monitoring form in appendix A was given to all attendees. 69 people chose to return them and the date contained in the forms is displayed here.

A. Age

Under 16	
16 - 24	1
25 - 34	
35 - 44	3
45 - 54	22
55 - 64	26
65+	16
Did not answer	1

B. Disability

Do you consider yourself to have a disability according to the terms given in the DDA?

Yes	11
No	52
Did not answer	6

C. Gender identity

Male	8
Female	61
Other (please specify)	

D. Sexuality

Bisexual	5
Gay man	
Gay woman	
Lesbian	
Heterosexual	54
Other (please specify)	1
Did not answer	9

E. Ethnic group

(These are based on the Census 2001 categories, and are listed alphabetically)

Asian, Asian British, Asian English, Asian Scottish, or Asian Welsh

Bangladeshi	
Indian	
Pakistani	
Any other Asian background (specify if you wish)	

Black, Black British, Black English, Black Scottish, or Black Welsh

African	
Caribbean	
Any other Black background (specify if you wish)	

Chinese, Chinese British, Chinese English, Chinese Scottish, or Chinese Welsh, or other ethnic group

Chinese	
Any other ethnic background (specify if you wish)	

Mixed

White and Asian	1
White and Black African	1
White and Black Caribbean	
White and Chinese	
Any other Mixed background (specify if you wish)	

White

British	30
English	21
Irish	1
Scottish	
Welsh	1
Any other White background (specify if you wish)	2 (1 Indian/Caribbean)

Did not answer	11

F. Religion or belief

Which group below do you most identify with?

No religion	9
Baha'i	
Buddhist	
Christian	35
Hindu	
Jain	
Jewish	1
Muslim	
Sikh	
Any other religion or belief (specify if you wish)	2 (Catholic) 1 Other
Did not answer	21

Appendix C

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Appendix D

A key part of this project has always been the developing and delivering of free training derived from the findings of the research. The recommendations and good practice identified in this report have therefore been used as the cornerstone of a new training course developed by Adfam and AVA. The training courses is for practitioners who work to support parents affected by drugs and alcohol.

The course will present the relevant background information, the key findings of the report and the ways practitioners can improve their practice and provide more effective support for parents.

Each of the courses will last a day and take place in each of the nine government regions.

South West	23 October 2012	Bristol
West Midlands	5 November 2012	Birmingham
East Midlands	6 November 2012	Nottingham
North East	22 November 2012	Newcastle
Yorkshire and Humber	4 December 2012	Sheffield
North West	5 December 2012	Manchester
London	11 December 2012	London
East of England	12 December 2012	Cambridge
South East	13 December 2012	Brighton

In order to register interest in the training interested parties should contact Oliver Standing at Adfam at o.standing@adfam.org.uk or 020 7553 7656.

Appendix E

Discussion of child–parent violence

This excerpt is taken from *Supporting families affected by substance use and domestic violence* by Sarah Galvani[30].

The predominance of child to parent abuse in this study highlights an area of domestic violence and abuse which is far less researched and recognised than its adult counterpart, partner violence. While there is some recognition of child to parent abuse as part of teenage tantrums and struggles for independence, there is almost no recognition of domestic violence and abuse towards parents. Instead it is framed as a child protection issue, anti-social behaviour or conduct problems (Gallagher 2004a, Holt 2009). Yet at the extreme end of the spectrum it can result in the murder of a parent. The Metropolitan Police Service, in its review of domestic violence homicides in the financial year 2008-9, found that all five female non-partner/ex-partner victims were mothers murdered by sons, and that one of the two male victims was a father murdered by a son (MPS 2009). All six perpetrators "were either suffering from mental health problems or under the influence of alcohol and/or controlled drugs" (MPS 2009: 14). Cottrell (2001) argues that the resistance to recognising and naming parent abuse today mirrors the lack of recognition and minimisation of intimate partner violence in years gone by. Holt (2009) highlighted this lack of recognition in her work with parents involved in the youth justice system. Some mothers who were being abused by their children and were frightened of them were given parenting orders and offered no support to cope with their child's violence and abuse.

Child to parent domestic abuse challenges existing notions of domestic abuse and raises questions relating to the victim and/or perpetrator status of the child. Some research has clearly shown links between father's/partner's violence to mothers, and their children (usually sons) replicating that behaviour towards their parents (usually mothers) (Cottrell and Monk 2004, Gallagher 2004b, Stewart et al. 2007). What this study could not explore was the extent of substance use and domestic abuse among the parents using the family support services. It is possible that in the experiences reported by the Family Member Support Providers, one or both parents had substance use problems and/or perpetrated violence and abuse, both of which are common factors among young people who use substances themselves and who perpetrate violence and abuse (Chalder et al. 2006, Fehon et al 2005; Kuntsche and Kuendig 2006). This is not to advocate for simplistic notions of intergenerational transmission nor excuse their behaviours using theories of socialisation and social learning, it simply raises the question about whether these older/adult children were both victims of child abuse and perpetrators of parent and partner abuse. It also raises questions about whether current interventions need to be responsive to these dual experiences for young people but importantly also for parents whose needs in these situations appear to be overlooked.

Gallagher (2007) and Eckstein (2004) point out how the minimising behaviour and perceived victim status of the young abuser is more likely to be heard by the authorities than the parent's reports of abuse. While child abuse claims must always be taken seriously and given priority, this does not mean overlooking the violence and abuse some older or adult children are clearly perpetrating towards a parent.

The impact of such abuse on parents has many parallels to the impact of partner domestic abuse on women who experience it, as can be seen in this study in the feelings of shame, stigma, fear, and self-blame. Parents report mental and physical health problems, social isolation, breakdown of trust, breakdown in family relationships to name a few (Cottrell 2001). Gallagher (2007) has compared "IPV" (intimate partner violence) with "CPV" (child to parent violence) based on clinical practice with 150 families and draws many similarities between the two. However, the additional component of the parent-child bond adds further heartbreak to the impact of domestic abuse on a parent. What is clear is that many parents were unable to believe that a child they bore and raised would behave towards them in that way – a finding that is supported elsewhere in the research evidence (Cottrell 2001, Cottrell and Monk 2004). This is qualitatively different from a partner's experience of abuse as the victim does not have the same genetic bond with a partner and the victim does not have responsibility for the perpetrator's upbringing. This is not to suggest that one form of abuse is worse than the other because of the identity of the perpetrator - such comparisons are unhelpful and need to be avoided - but what it does suggest is that there are some different considerations in relation to support and interventions for parents as opposed to partners.

The child to parent abuse highlighted in this study and others raises challenges for services that are set up to support women suffering domestic abuse or to

30 Galvani, S., 2010, Supporting families affected by substance use and domestic violence [online], The Tilda Goldberg Centre for Social Work and Social Care: University of Bedfordshire. Available from: http://www.adfam.org.uk/docs/adfam_dvreport.pdf.

intervene where children are at risk of harm. Without intervention or support for the parent their own health and wellbeing will suffer and, importantly for some child care professionals, their parenting will not improve which is usually the goal of mandated parenting interventions. Holt (2009) highlights how parents are often placed in the untenable position of being unable to leave their home to escape the abuse because of their parental responsibility for their child – a choice, albeit a difficult one, that is open for women experiencing abuse from partners. She also points out that children are usually socially and financially dependent on parents and this adds complexity to the power dynamics inherent in intimate partner violence and abuse. The violence and abuse suffered by some parents from their children and the fear this engenders clearly replicate the power and control dynamics in intimate domestic abuse. However in spite of the parent still retaining some economic and social power over her child this appears to be inadequate in terms of achieving or regaining the balance of power in the face of ongoing violence and abuse.

The apparently high tolerance levels of abuse experienced by parents also appear to mirror those of victims of partner abuse. However it is possible that parents have an even higher tolerance level of bad behaviour with their children given they have parented their child through childhood and adolescence and lived with the demands this often places on tolerance levels. In situations of domestic abuse, however, the parent can experience additional feelings of failure as a parent and self-blame (Gallagher 2004a, Stewart et al. 2007, Walsh and Krienert 2007), often explicitly reinforced by the abusive behaviour of their child. What is not known is the longer term impact of domestic abuse towards parents and whether the parent/s remain fearful and damaged by their experiences once the abuse from their child stops or whether the nature of the relationship makes a difference to the longer term impact of the violence and abuse.

It is possible that the long term impact of domestic abuse by children towards a parent is affected by the extent and type of abuse they experienced. For example, financial abuse alone, if resolved relatively quickly, may have less impact than if it were combined with physical and emotional abuse. There also may be a greater investment for a parent to forgive and re-establish a healthy relationship with a child than with an abusive intimate partner.

The predominance of financial abuse, often with emotional and psychological abuse was also highlighted in the findings. This has implications for support and intervention as the FMSPs reported that physical violence was less often disclosed in their experience and sexual abuse rarely mentioned. This does not mean that it does not happen, simply that it was less often disclosed. However, it raises questions about whether there are different types of abuse associated more strongly with different types of intimate relationships and with particular types of substance use. There are parallels with elder abuse in the predominance of these financial and emotional abuse (O'Keeffe et al. 2007) and it is possible that learning can be gained from good practice in relation to elder abuse. Regardless of the form of abuse, however, good practice suggests interventions would still need to address the power and control dynamics and the role of gender within the child to parent relationship alongside any parallel interventions for the perpetrator's substance use.

What may give parents a head start in considering their responses to the abuse they suffer is the fact that they have experience of setting boundaries with their children which is different to the boundaries set within adult relationships. Drawing on this experience of when they were raising their children could be a potential way forward in terms of how to support them in responding to the abuse. However it can also be the wrong strategy as it may exacerbate the abuse, even temporarily (Gallagher 2004a). It may also be wholly inadequate in terms of overcoming fearfulness and concerns for their own safety and that of other children and family members. Interventions therefore need to be appropriate and make careful assessments about whether the abuse is unruly teenage behaviour that might benefit from parenting support or whether it is domestic abuse with a parent living in fear of their child and require different interventions. This is clearly an area that requires extensive further research.

The relative lack of partner abuse in the services offered by Family Member Support Providers was surprising. However given the FMSPs were an older age group, and many of them had started out as informal mums' or grandparents' groups, it is not surprising that their work focussed on support for parents or grandparents predominantly. This raises a question about whether the family support services are able to offer support to all family members given the focus of these family support services was on parents/grandparents? This is not to say partners were excluded from these services as this was not the case but quite clearly the primary focus and experience of the FMSPs was dealing with older children's substance use and the abuse that was discussed and disclosed was more often than not abuse of the parent by the substance using child.

It is also possible that the parent focussed environment of these services mitigates against the disclosure of partner abuse. As the FMSPs acknowledged, disclosures tended only to happen if the family member felt safe to do so. A service that is clearly more focussed on the substance use of older children and the problems this raises for parents and grandparents is likely to send clear messages that supporting partners and their experiences are at the periphery of their work. This could be addressed through training and encouragement to run and promote partner support groups although the limited staffing and resources of most of these agencies may restrict their ability to do so. As the FMSPs responses showed they were more likely to refer to specialist agencies where partner domestic abuse arose and perhaps less likely to refer to domestic violence agencies when the violence and abuse was directed at parents.

The advice from specialist domestic abuse services is for health and social care staff to routinely screen for domestic abuse in a safe environment and providing they have the training to do so (Stella Project 2007). The message from the majority of service providers in this study is that their service is client led and informal and that only once trust had been established would people disclose because only then would they feel safe to do so. In other words, routine questioning about domestic violence appeared not part of the initial discussions. The concerns over establishing trust and not asking direct questions immediately are the same as those historically raised by staff within larger organisations and with formal assessment procedures. However as it is a difficult area for service users to discuss, direct questioning is advisable particularly if routine questioning of some kind already takes place through admissions or assessment procedures (Stella Project 2007). The challenge is if these family support services are so informal as to have no assessment process and/or operate more as a 'drop in' facility. In such cases, visible posters and contacts need to be available and individual staff need to be able to respond appropriately to any disclosure. For such services materials and resources need to be available to help facilitators raise the issue in the informal group sessions as well as through individual discussions. This is particularly important as evidence shows that victims of domestic violence and abuse will first discuss their experiences with family and friends (Walby and Allen 2004) and that the response they receive from them influences whether or not they seek formal help. It is therefore vital that family and friendship groups and networks recognise the key role they play in supporting people living with domestic abuse either from partners or older children and that they are ideally placed to provide advice and information relating to domestic violence and abuse and its relationship, or not, with substance use.

While this discussion has focussed on older or adult children abusing their parents it is also important to recognise that a high proportion of substance using older/adult children will also be victims or perpetrators of domestic abuse in their own relationships, given the high prevalence among people with alcohol or other drug problems. It is therefore important that the family support services are confident and prepared to not only help the parents of these older or adult children, but also the victims and perpetrators themselves. To do this appropriately they will need to offer support and information for victims and perpetrators of abuse which adheres to good practice guidance.

Given the varied responses to disclosure of domestic abuse highlighted in this study, ranging from good to bad practice, further information and training would appear to be beneficial to family support services, particularly in light of the positive and awareness-raising responses to the definition of domestic abuse provided. Most of the respondents said it was helpful and that it reminded them of the various forms of abuse that comprise domestic abuse and/or expanded their awareness and understanding. This demonstrates how simple, straightforward information such as this can be effective. Given that the family support services were all known to Adfam and accessed its materials and training, it is clear that Adfam provides the perfect conduit for further information and training on domestic abuse and substance use. The information and training therefore needs to be tailored to the format and context of family support work, particularly with the smaller services many of which have are volunteer led or dominated.

Finally, it is worth restating that domestic abuse and family conflict are not the same. Some of the behaviours described in this study may have been family conflict rather than experiences of domestic abuse. The FMSPs reported feeling confident in recognising the differences between conflict and domestic abuse in spite of some of them speaking of their increased awareness of forms of domestic abuse prompted by the definition supplied by the research team. In addition some responses suggested that domestic abuse was still considered to be fear, or threats, of physical abuse.

There was considerably less confidence in understanding the relationship between domestic abuse and substance use with evidence of some erroneous beliefs

about the relationship between the two. This is clearly an area to focus on for the dissemination of information and training.

To summarise, this group of Family Member Support Providers are an outstanding group of people. For many of them their own experience and passion to fill a service gap led to them developing a service for other family members. They appear to offer a very different type of support service than that provided by larger more established agencies. The strength of these individuals and the services they offer is also their weakness. For many of them the more informal and personal service they offer is what keeps people attending for support and comfort. There are clearly parallels here with the self-help movements such as Alcoholics or Narcotics Anonymous and their related groups for family members, Al-Anon and Al-Ateen. Questions have been raised about the extent to which such global established self help groups are set up to respond appropriately and safely to members living with domestic abuse (Galvani and Grace 2009, 2010b). Yet in terms of responding to the overlapping issues of domestic abuse and substance use and other complex interlinking issues, these smaller family member support services do not have the same access to resources that larger agencies may have and they also do not all have the structures and processes to protect them and their service users. This is not insurmountable and Adfam has a leading role to play in supporting them, as well as the larger organisations, to develop their knowledge and skills particularly in relation to the overlapping issues of alcohol, other drugs and domestic abuse.

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